

Please fill out all highlighted fields before submitting a sample.

All samples must be on ice or received within 15 minutes of collection.

Bill To:		TCEQ/COMUL										MICROBIAL MONITORING FORM COMUL - 103 REV 1 EFF 8/1/2012																	
Public/Private Water System Identification & Sample Collection Information (Please type or use block print)																													
Public Water System ID:		(Must be 7 digits; include all zeros)																											
Public Water System Name:		Public Supply Co. Inc.																											
County:																													
Name:																													
Address:																													
City:																													
State:																													
Send Results To:																													
Client Phone #:		Zip:																											
Email:																													
Sampler Name:																													
Sampler Contact #:																													
System Type		Water Source																											
<input type="checkbox"/> Public <input type="checkbox"/> Bottled/Vended <input type="checkbox"/> Other:		<input type="checkbox"/> Private/Individual <input type="checkbox"/> Groundwater <input type="checkbox"/> Surface Water																											
Sample Identification/Location		Groundwater with Surface Water Influence																											
Use Specific Address/Location		Sample Type																											
NOT SITE #																													
Raw Wells Use Source ID For Well Sampled Ex: G1234567A																													
Month		Date		Time		Distribution		Construction		Raw Well		Special		Repeat		Include Lab ID of Originating Positive on all Repeat Samples		Chlorine Residual		Unsuitable Sample - Please Resubmit*		Lab Results				Laboratory Sample ID Number			
Redept Temp °C		Day		Year		Please Circle AM or PM												Free mg/L		Total mg/L		Rejection Criteria #		Total Coliform		E. Coli			
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